

Case Number:	CM14-0000114		
Date Assigned:	01/10/2014	Date of Injury:	07/14/2011
Decision Date:	06/05/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/31/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Psychiatry, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 45 year old female who sustained a work-related injury on 7/14/11. She developed chronic pain secondary to cumulative trauma due to repetitive movements while performing work duties. Per the report from 12/6/13, the injured worker developed psych symptoms, sleep problems, and some loss of sexual interest due to chronic pain. A Minnesota Multiphasic Personality Inventory was done on that visit. The patient was diagnosed with adjustment disorder due to chronic pain and a depressed mood. A psychosocial pain medication consult was certified on 11/27/13. A psychotropic medication evaluation was done on 12/6/13, in which the injured worker was educated about various antidepressant and anti anxiety medications.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

PSYCHOSOCIAL MEDICATION EVALUATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

Decision rationale: According to the California MTUS guidelines, the frequency of follow-up visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. These visits allow the physician and patient to reassess all aspects of the stress model (symptoms, demands, coping mechanisms, and other resources) and to reinforce the patient's supports and positive coping mechanisms. Generally, patients with stress-related complaints can be followed by a midlevel practitioner every few days for counseling about coping mechanisms, medication use, activity modifications, and other concerns. In this case, the injured worker underwent a psychotropic medication evaluation on 12/6/13, in which she was educated about various antidepressants and anti-anxiety medications. The request for another psychosocial medication evaluation is excessive. As such, the request is not medically necessary.